



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

April 13, 2007

Lisa Moore, Administrator  
Riviera Residential Care - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

License #: RC-752

Dear Mrs. Moore:

On January 3, 2007, a life safety code survey was conducted at Riviera Residential Care - CTM Enterprises. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 11, 2007

Lisa Moore, Administrator  
Riviera Residential Care - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mrs. Moore:

On January 3, 2007, a life safety code survey was conducted at Riviera Residential Care - CTM Enterprises. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 2, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes'.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R752</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/03/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVIERA RESIDENTIAL CARE - CTM ENTERPR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 RIVIERA DR BOISE, ID 83703</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 03, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

289821

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Riviera Residential Care</i>	Physical Address <i>924 Riviera Drive</i>	Phone Number <i>208-333-8050</i>
Administrator <i>Lisa Moore</i>	City <i>Boise Id</i>	ZIP Code <i>83703</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>1-3-7</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.02	The facility could not produce documentation of the fuel fired furnace Annual inspection.	2-3-7	
2	250.15	The facility does not have a call system in place.	3-9-7	
3	405.01.b	The Living Room has a multiple Adapter powering the television and VCR. Resident Room #2 has a multiple Adapter in use.	3-9-7	
4	415.03	The last Annual service / inspection on the fire extinguishers was October 2005.	2-7-7	
5	415.01	The fan/Light Assembly in the bathroom of resident room #6 does not work and is hanging down from the ceiling.		
6	410.01	The facility does not have a written Agreement for Relocation	2-7-7	
Response Required Date <i>2-3-7</i>		Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>1-3-07</i>	